

# GIC Health Plan Rates – Monthly Rates as of July 1, 2009

**For GILL-MONTAGUE REGIONAL SCHOOL DISTRICT  
ENROLLEES**



Commonwealth of Massachusetts  
Group Insurance Commission

**Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE**

*Includes 0.33% Administrative Fee*



	TEACHER Who Retired Before July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 40.58	\$ 97.38	10%	\$ 40.58	\$ 97.38
Fallon Community Health Plan Select Care	10%	\$ 49.20	\$118.08	10%	\$ 49.20	\$118.08
Harvard Pilgrim Independence Plan	10%	\$ 52.63	\$127.38	15%	\$ 78.95	\$191.06
Health New England	10%	\$ 43.11	\$106.86	10%	\$ 43.12	\$106.86
Navigator by Tufts Health Plan	10%	\$ 51.91	\$125.07	15%	\$ 77.86	\$187.61
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	\$ 41.68	\$110.46	10%	\$ 41.68	\$110.46
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	10%	\$ 76.76	\$179.18	25%	\$191.89	\$447.95
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	\$ 73.20	\$170.94	25%	\$183.01	\$427.35
UniCare State Indemnity Plan/ Community Choice	10%	\$ 41.13	\$ 98.71	15%	\$ 61.70	\$148.06
UniCare State Indemnity Plan/PLUS	10%	\$ 53.24	\$127.07	15%	\$ 79.87	\$190.60

**Retirees and Survivors  
*WITH* MEDICARE**

	TEACHER Who Retired Before July 1, 2008		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan*	10%	\$20.02	10%	\$20.02
Harvard Pilgrim Medicare Enhance	10%	\$35.00	25%	\$87.49
Health New England MedPlus	10%	\$36.34	10%	\$36.34
Tufts Health Plan Medicare Complement	10%	\$32.17	10%	\$32.16
Tufts Health Plan Medicare Preferred*	10%	\$17.81	10%	\$17.81
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	10%	\$35.30	25%	\$88.24
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	\$34.24	25%	\$85.59

\* Rates are subject to federal approval and may change January 1, 2010.

**Rates are Calculated by the Gill-Montague Regional School District Benefits Office.**

**Rate questions? Call: 1.413.863.9325**